

FILED JUL 9 1946

Registration District No. 114

Primary Registration District No. 5232

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural Meramec Twsp. Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Van Duren's Home For The Aged.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Adele Frances Walz

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ambrose Walz 6. (c) Age of husband or wife at death 87 years

7. Birth date of deceased Feb. 26 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Crawford County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Mat Lucy

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Larkin

15. Birthplace Franklin County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Weiskopf

(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof 6-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Anthony's Cem.

18. (a) Signature of funeral director Sullivan, Mo. J. P. Sheffer

(b) Address Sullivan, Mo.

19. (a) 6-18-1946 (b) Ch. Prater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sullivan, Mo. Rt. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 4-17-46 to 6-17-46
that I last saw her alive on 6-17-46
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage from bowel Duration 30 days

Due to probable malignancy

Due to Bowel

Other conditions 2
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Ch. Prater (M. D. or other)

Address Sullivan, Mo. Date signed 6/18/46

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-8-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
....., Registered Apprentice No.
working under my personal supervision.

Signed Robert M. Murray
Licensed Embalmer No. 3749
P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.